Rural Health Care Plans

235. SHRI KRISHNA KUMAR BIRLA: Will the PRIME MINISTER be pleased to state:

(a) whether some time in July last year in the Chief Minister's conference certain decisions regarding rural health care by setting up primary health centres were taken;

(b) if so, what are the details thereof; and

(c) what steps have been taken by Governemnt so far to implement the rural health care plans?

THE MINISTRY OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir. Some recommendations were made in Chief Ministers' Conference which also include provision of efficient Primary health Care.

(b) it was recommended that there is an urgent heed to consolidate and fill up the gaps in the existing infrastructure for the delivery of Primary Health Care by providing for buildings, equipments, medicines, trained manpower, vehicles etc. The Central assistance for this purpose requires to be stepped up. It was also recommended that norms for primary Health Care infrastructure may be relaxed further in the areas inhabited by SCySTsfrimitive Tribal Groups and hilly and desert areas.

(c) Basic Minimum Services Programme has been introduced as a new initiative to ensure access to all sections of people to the basic services including Primary Health Care within a reasonable time frame. Funds under the Basic Minimum Services arc allocated by the Planning Commission and it is for the States/UTs to decide their own priorities within the Basic Mnimum Services. To augment the efforts of the StatesUts a new Reproductive and Child Health programme has been launched recently. Besides this, primary - health Care infrastructure is being strengthened under various externally aided projects.

Deaths Causes by non-availability of Emergent medical Aid

236. SHRI RAJUBHAIA, PARMAR:

Will the PRIME MINISTER be pleased to state:

(a) whether any survey about the number of deaths attributable to non availability of emergent medical aid in Delhi has been conducted;

(b) if so, the percentage of deaths attributable to failure of emergeny medical aid over the specific period carried by the survey; and

(c) whether any Centralised Accident and Trauma Services (CATS) were introduced in Delhi in late eighties; if so, the details of the CATS, and what steps have been and are being taken to make the services more effective?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Information is being collected and will be laid on the table of the House.

(c) Centralised Accident and Trauma Sercives (CATS) was conceptualised as a plan scheme in 1984. It is funcitoning under a registered society under Government of National Capital Territory of Delhi. The objectives of CATS have been to reach the accident site as quickly as possible, giving first-aid emergency management at the site and quick safe transportation of the patient to the hospital. The Central Control Room of CATS is situated at Deen Dayal Hospital Complex. CATS has a fleet of 26 ambulances deployed in 22 different locations of Delhi.

As per the information received from the Government of National Capital Territory of Delhi steps have been taken to make the services more effective by deploying the ambulances in Key locations with state of art communicaitons systems to reduce response time, linking hospitals for advance information, using computerised

software for immediate location of accident sites etc.

The upgradation of infrastructure, increase in existing fleet strength, development of software and adoption of advanced technology to enhance operational effectiveness, preparation of training material and awareness campaign through mass media are some of the new measures envisage to make the servicves more effective.

Deaths due to Cholera and Malaria

237. SHRI BHAGABAN MAJHI: Will the PRIME MINISTER be pleased to state:

(a) the number of death cases reported from different States due to Cholera and malaria;

(b) whether it is a fact that the cases of malaria and cholera are increasing in Orissa; and

(c) if so, the steps taken to eradicate malaria and to provide proper health care to the people of Orissa, particularly in the tribal areas so that death does not take place due to cholera?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE SHRIMATI RENUKA CHOWDHURY): (a) As per information available, the number of deaths due to Cholera and Malaria in States/UTs is as under:

DEATHS DUE TO CHOLERA YEAR 1996 1997 (Till Sept.)		MALARIA YEAR 1996 1997	
States/UTs (including Orissa)	34 07	585	282
Orissa	2 Not Reported	211	134

(b) There is no such indication.

(c) As expert Committee, appointed by the Governemnt or India in 1995, has recommended identificaiton of "High Risk" areas which also includes criteria like deaths due to p. f. malaria, p.f. proportion and chloroquine resistance of p.f.

The following steps are taken for the effective containment of this disease.

— Tribal district of Orissa have been identifed for ehnanced inputs under World Bank Project.

— Spray strategy on the basis of "High Risk" areas identified as per Expert Committee recommendations.

— Identification of chloroquine resistant P.f. areas and change over to second line of treatment in drug resistance are as.

— Modification of Drug Policy for drug resistant P.f. areas per NMEP revised drug policy.

Information regarding steps taken by the State Government for prevention of deaths due to Cholera particularly in

Tribal areas is being collected.

Implementation of family planning programme

238. SHRI S. RAMACHANDRAN PILLAI: Will the PRIME MINISTER be pleased to state:

(a) the States which are lagging behind in implementation of Family Planning programme;

(b) the rate of success in implementing family planning in different States; State-wise; and

(c) the steps and further course of action Government are going to take in its proper implementation to achieve the goal?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) The Family Welfare programme being a centrally sponsored one, is voluntary and its acceptance level depends on factors